

Case Number:	CM14-0034635		
Date Assigned:	06/20/2014	Date of Injury:	09/13/2012
Decision Date:	07/18/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/20/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Chiropractic and Acupuncture and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 54 year old male who sustained a work related injury on 9/13/2012. His diagnoses are right L-5 disc herniation, right lower extremity radiculitis, cervical radiculitis, and an annular tear at L4-L5 and L5-S1. Prior treatment includes chiropractic, physical therapy, medications, activity modifications, acupuncture, and epidural injections. Per a Pr-2 dated 5/8/14, the claimant has low back pain, right sided low back pain. The claimant is feeling improvement. He started modified work on 4/23/2013. Per a Pr-2 dated 3/6/14, the claimant states that acupuncture has been very helpful with chiropractic. The provider recommends continuing acupuncture and chiropractic to avoid surgery.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ACUPUNCTURE THREE (3) TIMES A WEEK FOR SIX (6) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means a clinically significant improvement in activities of daily living or a

reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had acupuncture in the past of unknown quantity and duration; however the provider failed to document functional improvement associated with the completion of his acupuncture visits. Stating that there was improvement does not substantiate objective functional improvement. If this is a request for an initial trial, eighteen visits exceeds recommended guidelines for a trial. Therefore eighteen visits of acupuncture are not medically necessary.

CHIROPRACTIC THREE (3) TIMES A WEEK FOR SIX (6) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: According to evidenced based guidelines, further chiropractic visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had chiropractic in the past of unknown quantity and duration; however the provider failed to document functional improvement associated with the completion of his chiropractic visits. Stating that there was improvement does not substantiate objective functional improvement. If this is a request for an initial trial, eighteen visits exceeds recommended guidelines for a trial. The claimant did return to work, however there is no documentation that the return to work was due to chiropractic treatment. Also there is no mention of a flare-up to justify additional visits. Therefore eighteen visits of chiropractic are not medically necessary.